

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Takeover Super PAC

ADDRESS (number and street)

50 Culpeper Street

☐ Check if different than previously reported. (ACC)

Warrenton

VA

20186

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00555508

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tom Freiling

Signature of Treasurer

Tom Freiling

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Takeover Super PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		
(b) Cash on Hand at Beginning of Reporting Period.....	513.56	
(c) Total Receipts (from Line 19)	33325.04	48308.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33838.6	48308.04
7. Total Disbursements (from Line 31)	31176.41	45645.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2662.19	2662.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	30000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Takeover Super PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y
06		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1250

1250

(ii) Unitemized

12075.04

17058.04

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

13325.04

18308.04

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

13325.04

18308.04

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received

20000

30000

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ►

33325.04

48308.04

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

33325.04

48308.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	31176.41	45645.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	31176.41	45645.85
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31176.41	45645.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31176.41	45645.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13325.04	18308.04
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13325.04	18308.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	31176.41	45645.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	31176.41	45645.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. LEE M HOLMES

Mailing Address P.O. BOX AR

City

HAGATNA

State

GU

Zip Code

96932

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN MEDIA INC.

Occupation

manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11Ai-CN1687

Amount of Each Receipt this Period

250

TrnsRef: 78504289 CustRef: 14570437

Full Name (Last, First, Middle Initial)

B. Edwin B Jordan Jr

Mailing Address 31 Stonebriar Way

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intercity Investments Inc.

Occupation

Real Estate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2014

Transaction ID : SA11Ai-CN1509

Amount of Each Receipt this Period

1000

TrnsRef: 76760809 CustRef: 14359431

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. World Net Daily

Mailing Address 14501 George Carter Way

City State Zip Code
Chantilly VA 20151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2014

Transaction ID : SA13-LN2

Amount of Each Receipt this Period

20000

loan

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20000.00

20000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 19

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Tom Freiling

Mailing Address 10375 Welhams Lane

City Marshall State VA Zip Code 20151

Purpose of Disbursement
Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2014
Transaction ID : SB21b-EX94

Amount of Each Disbursement this Period

1500.00

Compensation

Full Name (Last, First, Middle Initial)

B. Tom Freiling

Mailing Address 10375 Welhams Lane

City Marshall State VA Zip Code 20151

Purpose of Disbursement
Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2014
Transaction ID : SB21b-EX91

Amount of Each Disbursement this Period

3500.00

Compensation

Full Name (Last, First, Middle Initial)

C. Tom Freiling

Mailing Address 10375 Welhams Lane

City Marshall State VA Zip Code 20151

Purpose of Disbursement
Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2014
Transaction ID : SB21b-EX87

Amount of Each Disbursement this Period

500.00

Compensation

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Takeover Super PAC

A. Tom Freiling

Mailing Address 10375 Welhams Lane

City	State	Zip Code
Marshall	VA	20151

Purpose of Disbursement Compensation

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21b-EX59

Amount of Each Disbursement this Period

Compensation

Full Name (Last, First, Middle Initial)

B. Christyn Taylor

Mailing Address 214 Varsity Circle

City	State	Zip Code
Altamonte Springs	FL	32714

Purpose of Disbursement	Compensation

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21b-EX88

Amount of Each Disbursement this Period

1083.00

Compensation

Full Name (Last, First, Middle Initial)

C. Christyn Taylor

Mailing Address 214 Varsity Circle

City	State	Zip Code
Altamonte Springs	FL	32714

Purpose of Disbursement	Compensation

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21b-EX85

Amount of Each Disbursement this Period

1083.00

Compensation

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2666.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 19

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Christyn Taylor

Mailing Address 214 Varsity Circle

City Altamonte Springs State FL Zip Code 32714

Purpose of Disbursement
Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 21 2014**Transaction ID : SB21b-EX72**

Amount of Each Disbursement this Period

1083.00

Compensation

Full Name (Last, First, Middle Initial)

B. Vanco ServicesMailing Address 12600 Whitewater Drive
Suite 200

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 15 2014**Transaction ID : SB21b-EX90**

Amount of Each Disbursement this Period

232.20

Bank Fee

Full Name (Last, First, Middle Initial)

C. Vanco ServicesMailing Address 12600 Whitewater Drive
Suite 200

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 15 2014**Transaction ID : SB21b-EX75**

Amount of Each Disbursement this Period

124.30

Bank Fee

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1439.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Takeover Super PAC

A. Vanco Services

Three digital displays showing the date 05/15/2014 in MM/DD/YYYY format. The first display shows '05' with 'M' labels above the digits. The second display shows '15' with 'D' labels above the digits. The third display shows '2014' with 'Y' labels above each digit. The displays are separated by slashes.

Mailing Address 12600 Whitewater Drive
Suite 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement	Bank Fee

001

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Category	Percentage
Very satisfied	76.44

Bank Fee

B. Vanco Services

Mailing Address 12600 Whitewater Drive
Suite 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period



51.35

Bank Fee

C. Vanco Services

Mailing Address 12600 Whitewater Drive
Suite 200

City	State	Zip Code
Minnetonka	MN	55343

[illegible]

001

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

37.99

Bank Fee

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

A diagram of a rectangular frame structure. It consists of 12 vertical members and 2 horizontal members (top and bottom). The members are arranged in a grid. A cross-section of a member is shown, indicating a rectangular shape with a central void.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 19

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Sullivan & AssociatesMailing Address 601 Pennsylvania Avenue NW
Suite 900

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Costs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 11 2014**Transaction ID : SB21b-EX92**

Amount of Each Disbursement this Period

5310.00

Legal Costs

Full Name (Last, First, Middle Initial)

B. Sullivan & AssociatesMailing Address 601 Pennsylvania Avenue NW
Suite 900

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Costs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 16 2014**Transaction ID : SB21b-EX65**

Amount of Each Disbursement this Period

5985.00

Legal Costs

Full Name (Last, First, Middle Initial)

C. Debbie Lewis

Mailing Address 5 Westwoods Boulevard

City Hockessin State DE Zip Code 19707

Purpose of Disbursement
Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 05 2014**Transaction ID : SB21b-EX80**

Amount of Each Disbursement this Period

700.00

Compensation

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11995.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 19

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Debbie Lewis

Mailing Address 5 Westwoods Boulevard

City Hockessin State DE Zip Code 19707

Purpose of Disbursement
Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014
Transaction ID : SB21b-EX69

Amount of Each Disbursement this Period

400.00

Compensation

Full Name (Last, First, Middle Initial)

B. Renee Aepli

Mailing Address 5940 Lake Windsor Parkway

City Buford State GA Zip Code 30518

Purpose of Disbursement
Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014
Transaction ID : SB21b-EX83

Amount of Each Disbursement this Period

581.87

Compensation

Full Name (Last, First, Middle Initial)

C. Renee Aepli

Mailing Address 5940 Lake Windsor Parkway

City Buford State GA Zip Code 30518

Purpose of Disbursement
Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014
Transaction ID : SB21b-EX70

Amount of Each Disbursement this Period

16.32

Compensation

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

998.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Renee Aepli

Mailing Address 5940 Lake Windsor Parkway

City Buford State GA Zip Code 30518

Purpose of Disbursement
Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 23 2014
Transaction ID : SB21b-EX71

Amount of Each Disbursement this Period

61.25

Compensation

Full Name (Last, First, Middle Initial)

B. Fairfax TechnologiesMailing Address 14325 Willard Road
Suite 100

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 28 2014
Transaction ID : SB21b-EX84

Amount of Each Disbursement this Period

500.00

Office Rent

Full Name (Last, First, Middle Initial)

C. Fairfax TechnologiesMailing Address 14325 Willard Road
Suite 100

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 19 2014
Transaction ID : SB21b-EX73

Amount of Each Disbursement this Period

2500.00

Office Rent

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3061.25

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Holiday Inn

Mailing Address 6500 S Cicero Avenue

City Chicago State IL Zip Code 60638

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SB21b-EX74

Amount of Each Disbursement this Period

256.29

Travel

Full Name (Last, First, Middle Initial)

B. World Net Daily

Mailing Address 2020 Pennsylvania Ave NW
Suite 351

City Washington State DC Zip Code 20006

Purpose of Disbursement
Books

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SB21b-EX76

Amount of Each Disbursement this Period

294.40

Books

Full Name (Last, First, Middle Initial)

C. Grassfire Action

Mailing Address PO Box 277

City Maxwell State IA Zip Code 50161

Purpose of Disbursement
Marketing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SB21b-EX79

Amount of Each Disbursement this Period

1536.33

Marketing

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2087.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. Media317

Mailing Address 23 Elmwood Court

City Fortson State GA Zip Code 31808

Purpose of Disbursement
Hosting

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 23 2014
Transaction ID : SB21b-EX86

Amount of Each Disbursement this Period

299.00

Hosting

Full Name (Last, First, Middle Initial)

B. Usps

Mailing Address

City State MO Zip Code

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 11 2014
Transaction ID : SB21b-EX93

Amount of Each Disbursement this Period

491.85

Shipping

Full Name (Last, First, Middle Initial)

C. Comfort Inn

Mailing Address 118 Garrett Drive

City Grove City State PA Zip Code 16127

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 08 2014
Transaction ID : SB21b-EX95

Amount of Each Disbursement this Period

292.85

Travel

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1083.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)

Takeover Super PAC

Full Name (Last, First, Middle Initial)

A. TrailblazerMailing Address 620 Mendelssohn Avenue North
Suite 186

City Minneapolis State MN Zip Code 55427

Purpose of Disbursement
Database

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 01 2014**Transaction ID : SB21b-EX96**

Amount of Each Disbursement this Period

1883.00

Database

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1883.00

30879.44

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 18 OF 19

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN2

Takeover Super PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

World Net Daily

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 14501 George Carter Way

City Chantilly State VA ZIP Code 20151

Original Amount of Loan

20000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 15 / 2014

Date Due

M M / D D / Y Y Y Y
12 / 31 / 2025

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20000.00

TOTALS This Period (last page in this line only)..... ►

20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Takeover Super PAC		Transaction ID : SC10-LN2-001		FEC IDENTIFICATION NUMBER C C00555508	
LENDING INSTITUTION (LENDER) Full Name World Net Daily		Amount of Loan 20000		Interest Rate (APR) 0.00 %	
Mailing Address 14501 George Carter Way		Date Incurred or Established MM / DD / YYYY 04 / 15 / 2014		Date Due MM / DD / YYYY 12 / 31 / 2025	
City Chantilly	State VA	Zip Code 20151	Back Ref SC10-LN2		
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred MM / DD / YYYY 04 / 15 / 2014					
B. If line of credit, Amount of this Draw: .00		Total Outstanding Balance: 20000.00			
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY 04 / 15 / 2014				Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. loan					
G. COMMITTEE TREASURER Typed Name Tom Freiling Signature _____				DATE MM / DD / YYYY 04 / 15 / 2014	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Tom Freiling Signature Tom Freiling				DATE MM / DD / YYYY 04 / 15 / 2014	
Title Treasurer					